

ART. IV.—*Extracts from the Records of the Boston Society for Medical Improvement.* By WM. W. MORLAND, M. D., Secretary.

June 23.—*Case of Unusual Dislocation of the Hip-joint.\**—Dr. J. M. WARREN related the case of a young man, about twenty years of age, who had a bundle of hay to fall on him from a loft, striking him on the outside of the thigh, so far as he could describe it, and forcing him to the ground. On being taken up, it was discovered that the right hip-joint was dislocated. Dr. W. was requested to see him by his physician, Dr. J. F. W. Lane. The patient was lying on his back, the thigh sticking out laterally from the trunk, and forming a right angle with it. At the spot usually occupied by the trochanter, a deep hollow existed. The head of the bone could be felt on the ascending branch of the ischium, and might at first easily be mistaken for the tuber ischii. The patient would not allow any examination to be made until he had been placed under the influence of ether.

The pulleys being adjusted, on the first effort at traction, the head of the bone slipped around the socket, and produced the appearance of a dislocation into the ischiatic notch. The force of the pulleys was now increased, and the head of the bone was quickly brought over, and went into its place with a distinct report. On the extension power being removed, the limb was found to have recovered its proper length and motions. Dr. W. said he had seen a somewhat similar case a few years since.—A gentleman, 60 years of age, fell from the third story of his store, alighting on his knees among some bales of goods. The effect was to produce a displacement of the right thigh, attended by phenomena like those observed in the above instance. The patient was etherized, and the limb replaced by manual force without the aid of pulleys, the system being depressed at the time from the effect of the accident.

August 11.—Dr. J. M. WARREN reported the following case of *Uncommon Tumour of the Mons Veneris*, and showed the specimen:—The subject of this was a patient of Dr. Alexander, of South Boston, forty-two years of age. The tumour commenced some years since, and was perceived, just after her confinement, in the left groin. It gradually made its way into the labium of that side, and, as it enlarged, involved the mons veneris, dragging it down, together with the integuments of the abdomen, and finally formed a large pendulous tumour, hanging between the limbs, covering the external organs of generation, and causing much pain and inconvenience to the patient.

On removal, the tumour was found to be fibro-cellular, of very firm consistence, the cellular tissue surrounding it and entering into its composition, being infiltrated with serum. The weight of it was two pounds and two ounces.

Oct. 27.—*Affection of Peyer's Glands in Acute Infantile Diseases.*—Dr. JACKSON reported the case of a child, two years old, who died in about twelve hours, having been convulsed most of the time, and insensible during the

\* This and the following case are reported out of date, having been intended for the January No. of the Journal. The manuscript could not be prepared in season.

intervals; it could not be made to vomit, and had no dejection, though active enemata were used. The child was previously healthy, and no cause could be assigned for the attack. Peyer's glands were considerably developed, somewhat softened, and many of them were dotted over with deep-red points, as from minute ecchymosis, the intervening surface of the patch being not at all reddened. The solitary glands were also developed throughout the small intestines, and towards the lower portion some of them were ecchymosed like the Peyer's. Besides this affection of the glands, there was found extensive cadaveric softening of the stomach, so often observed in cerebral cases; with an extension to the œsophagus, and perforation into the left pleural cavity. The head and all the organs of the thorax and abdomen were carefully examined, the alimentary canal being opened throughout; but nothing else was found except a simple volvulus, this being also not unusual in the cerebral affections of children. The intestine was shown.

In connection with this case, Dr. J. referred to another which he had reported to the Society in October. The child was three years old; it had at six A. M. an active convulsion, and at noon a second, followed by stupor, with twitching of the limbs for three or four hours. In the evening, there was heat of skin, with excitement of the mind, and twitching as before, and at ten P. M. it died. It had been previously healthy, and no cause whatever was known for the attack. Peyer's glands were very much thickened and irregular upon the surface, but not at all softened nor reddened. The solitary glands also were quite numerous and much developed in the small intestine, but far less so in the large. As in the first case, each of the three cavities was thoroughly examined, but nothing else was found.

Dr. J. remarked that for many years past he had been in the habit of observing an affection of the intestinal follicles in the convulsions, exanthemata, croup, and pneumonia of infants and young children; four cases having been met with during the last eight weeks, exclusive of the two above detailed. The fact is alluded to in the printed Catalogue of the Society's Cabinet, and, from the frequency of its occurrence, must be sufficiently well known; yet he had never seen it noticed by any writer until recently, when he met with it in Rokitsansky's *Path. Anat.* (Sydenham Soc.'s ed. vol. ii. p. 89), from which he read an extract. This author speaks of the "swelling" of the follicles, the character of the deposits, the formation, though rarely, of an ulcer, &c.; but he says nothing of redness. Dr. J., on the other hand, has found redness of Peyer's glands as the principal characteristic of the change in question, though often but faintly marked; swelling, in many cases, had scarcely existed, if at all; and of ulceration he had never seen the slightest trace. The redness was diffused over the greater part or whole of several of the patches; the case above reported being the first in which he remembers any appearance of ecchymosis. Simple swelling, Dr. J. has met with under such circumstances that he has heretofore been disposed to regard it as being hardly an abnormal condition, and as only an accidental circumstance, when observed in infantile disease. In the second of the above cerebral cases, however, it existed without redness. The pathological value of the redness of Peyer's glands, moreover, Dr. J. is inclined to question, having found it several times in persons dying suddenly, whether from accident or disease, but in whom the process of digestion was going on, redness of the mucous membrane of the stomach being sometimes found at the same time.

*Nov. 10.—Anchylolysis of the Left Thumb.*—Dr. BOWDITCH introduced a miner from California, the last joint of whose left thumb is firmly anchylolosed.

The whole thumb is much smaller than the other, many splinters of bone having come away. The affection came on while the patient was washing for gold. He states that many miners are similarly affected; some get the disease in the spine and become lame, so as to require crutches.

Nov. 10.—*Eburnation of the Cartilaginous Surfaces of the Knee-joint.*—Dr. H. J. BIGELOW showed the specimen, taken from a negro man who had been run over by railway cars. One leg was crushed; from the other, the foot was cut off clean, as if chopped off. The patient, eighty-four years old, suffered amputation in both limbs; in one above, in the other below the knee. Death ensued in two days. One knee-joint showed a grooved ivory texture upon its surface.

Dr. B. remarked that this disease has lately been described by Derille, of Paris, under the title of *arthrite chronique sèche*. 1st, the cartilage is *modified* in its structure, assuming a *velvety* appearance; 2dly, foreign bodies are observed in the joints; 3dly, deformities occur about the joints; in the thigh, the bone often *sinks* so much at its head that the limb becomes greatly *shortened*; 4thly, *eburnation* [*éburréation* of Guérin] of the tissues, as in the present case; all which appearances, before recognized, have been, by the above writer, traced to a common cause, sufficiently indicated by the name assigned to it, viz., “dry chronic arthritis.”

November 10.—*External Use of Chloroform.*—Dr. CHANNING read the following paper on this subject: “I have made some trials of the external application of chloroform. It has often been entirely successful in the present relief of pain. In some, the relief has been permanent. This use of the remedy of pain is not new. It has been said that a free application of chloroform to a part on which a surgical operation is to be done, will render such part insensible to the violence done it. Thus, immersing a finger in chloroform will prevent the suffering which accompanies the deep cuts which some of the diseases of this member require, and which are described as exquisitely acute. These statements rest on good authority. In such use of chloroform consciousness remains unimpaired, the brain not being at all affected by it.

Having frequently applied chloroform externally for the relief of pain, in many and various cases, and often with speedy, and generally with continued relief, I propose to present some of them to the Society:—

CASE I. 1848. Mrs. —, about 30, has children. For some years has had symptoms of uterine disturbance. Among these, have been suffering on intercourse, leucorrhœa, tumoral pains in and about the pelvis, always increased by walking, and which, except pain in the spine, are relieved by lying down. For the uterine conditions the usual means were faithfully employed, and her complaints there were entirely and permanently removed. The dorsal trouble, however, was as great as ever.

For this I recommended the external application of chloroform over the whole course of the spine which was involved in the disease. The effect was immediate and complete. I saw this patient, a few days since, Nov. 1851, and found her well in regard to the back, and speaking of herself as very well in all respects.

In this case, the pain in the spine was doubtless the result of the reflex function, the womb being the original seat of the malady. But when the uterine affection was relieved, the sympathetic dorsal difficulty remained, and only yielded to the use of chloroform. The quantity used was an ounce.

CASE II. Mr. —, aged 22. A very feeble man in appearance; very

thin in flesh; pale; and an almost constant sufferer from headache. This pain occupied but a small part of the head arc, and most frequently the right temporal region. It was accompanied by constant nausea, frequent vomiting, great prostration of strength, and demanding for its present relief firm pressure over the part affected.

The last attack, which happened a few weeks since, I applied chloroform to the seat of pain. A few drops were applied by means of a handkerchief. The immediate effect was redness of the skin and a tingling sensation in the spot. The pain was at once relieved. He raised his head from a friend's shoulder, opened his eyes, looked round, and expressed his utter surprise and deep pleasure at the entire relief which had followed the use of such apparently simple means. He called on me the next morning, and reported himself perfectly well. I have not been called to him since.

The relief in this was *sudden* in its occurrence, as it had been in others. It has not been less permanent on that account, or in such cases. It has acted at once to remove pain, and with a rapidity which distinguishes the relief entirely from that which follows etherization by inhalation. The brain does not seem to have anything to do with the matter. Local pain is abolished, and at once; and the nerves have no story of suffering to tell to the brain. The sentinel is at his post, but his function is not needed. The part does not lose its natural sensibility at all. On the contrary, it feels the tingling, the irritation of the chloroform, just as distinctly as at first. Nothing has been lost of natural power and healthful function. All that has happened is this: the pain has ceased, and the patient is well.

CASE III. 1851. Mrs. —, aged 36. Has long suffered from uterine disturbance. The most exhausting and annoying symptom was leucorrhœa. This was a perpetual drain, and made her exceedingly uncomfortable. I was occasionally consulted in this case; but, as her general health continued tolerably firm, no systematic attempt at recovery was thought necessary by the patient. She became pregnant, and supposed herself between two and three months advanced in that state, when hemorrhage and severe uterine pain occurred, on account of which I was desired to see her. She had lost a great deal of blood before I saw her. I found her perfectly blanched—lips and whole face; skin cold; hands bloodless; faint; almost pulseless. Various means were used, and the hemorrhage was stopped. I considered her case, however, so pressing, that I passed the whole day in the house. She now began to complain of pain in the back. This had exacerbations in the night, becoming too severe to allow of sleep, and continuing three or four hours without mitigation. For this I recommended chloroform, which was applied by means of a handkerchief, and with excellent results. After three applications, on as many days or nights, the pain ceased, and has not now, at the end of some weeks, returned.

CASE IV. Mrs. —, about 40. Last child, thirteen years old. I was called in consultation in this case, because of vomiting, attending pregnancy, of about three months' standing. The vomiting ceased under treatment, and food was taken in sufficient quantities, and was well borne by the stomach. A comatose state supervened, which increased, with entire abolition of mind, and death was its consequence. The termination of cases of fatal vomiting by coma has occurred in many instances which have come under my notice or knowledge. I do not, however, recollect a case in which apparent recovery has been followed by coma ending in death.

This case is reported here, because of the use of chloroform for one of its symptoms. This was pain in the back, in the course of the spine. It was

very severe, taking the lead, in distress, of all the rest. For this pain I prescribed an ointment, if so liquid a substance as was produced by the union of lard and chloroform deserves the name. It was applied twice or thrice a day, and with most excellent effects, the pain entirely disappearing. It was used in the same way in the first of these cases.

CASE V. Mrs. —. Has had four premature labours; the first at about five months, the fourth at about the eighth. They were all still-born, or neither of them lived over an hour or two. The fifth pregnancy was terminated at the full time by the birth of a living, healthful male child, on the 17th October, 1851. I visited her for the usual time after delivery, and left her in rapid progress towards perfect recovery. I was called to see her on the 27th Oct., and found her apparently very ill. Pulse rapid; skin hot; face flushed; much pain in head and in both breasts, making all attempts at nursing absolutely agonizing. A thick eruption had appeared over the whole chest. Upon examination, the breasts were found exquisitely sensitive, not bearing pressure at all. Sufficient pressure, however, was made to enable me to ascertain that there was no unusual hardness, or, in short, any other sign of disease in either organ. The pain was confined to the skin, and seemed to involve its whole tissue. The eruption proved to be a very full crop of sudamina of unusual size, resembling exactly an exaggerated form of the same kind of eruption in typhoid fever. Various means had been used before my visit, but without any good effect.

I recommended chloroform, and with the best effects. I regret I had not used it in combination with lard or rose ointment, both of which I have used, and for the reason that it may in this way be more extensively applied, with more continuous benefit, and with less of the unpleasant tingling which so generally accompanies the uncombined substance.

On what did this aching pain depend? It resembled that which at times makes *shingles* so very distressing. Was it owing to the eruption? I have never known the skin in sudamina to be complained of as the seat of pain, and I have examined it when covered by this eruption after a manner to have produced pain had morbid sensibility existed. In Mrs. —'s case, the pain was persistent, being much aggravated by handling, though never so gently. The pain in this case subsided, under the use of chloroform, long before the eruption disappeared.

CASE VI. Mrs. —, aged 25, married very young, and had a premature labour within a year or two afterwards. I was desired to see her, October, 1851, on account of an enlargement of the abdomen, on the left side, and for various signs of ill health. The tumour was found to be an excessively enlarged spleen. It filled the left hypochondrium, extending forward to the epigastrium, and downward to Poupart's ligament. Its anterior boundary was the linea alba. From this point or line it extended laterally and backward, filling accurately one whole side of the abdomen. She has been always regular in regard to the catamenial function, with the exception of the last two periods. Nausea, vomiting, and other unusual and disagreeable feelings have led to a suspicion that pregnancy may exist. She has recently taken a fatiguing journey of three days, and has suffered much since. The pain has been most troublesome in the head, and in the seat of the tumour. Diarrhœa and flatulence, with general anasarca, involving the face and head, are also present. Chloroform to the forehead and to the seat of the tumour has given her much comfort, more than has been derived from any other means used.

CASE VII. Mrs. — was delivered of her second child, a daughter, December 25th, 1850. Since that event she has been liable to diarrhœa, which, however, has not impaired her general health. She has long been

annoyed by a spasmodic catching of her breath, almost resembling hiccup, but producing more general agitation of the body than does that. After her last confinement, this affection was for some time unusually troublesome.

I was called to see Mrs. —, October 6th, 1851, and found her apparently very ill. She was hot; feverish; pulse rapid; severe pain in head, which it was attempted to relieve by bandage, and different washes; vomiting large quantities of watery fluid, colourless, having floating in it masses of a dense, white substance, resembling coagulated milk. No milk has been taken for some time. Copious diarrhoea, with very severe, intermitting pain around the umbilicus. No sleep at night, and for a week or more has suffered many of present symptoms. Means were used to check vomiting and diarrhoea, but without any useful result, and I determined to try chloroform externally. Its effects were most grateful. The head, stomach, and bowels became easy. They were, in short, relieved of all their trouble. This was in the evening. At my morning visit, I found Mrs. — up and dressed, nursing her child; and, except weakness from so much suffering, and forced total abstinence, in her usual health. I forgot to mention above, that, during this very severe attack, the catching respiration revived, as it does, I was informed, whenever she is at all indisposed, and continued till she recovered.

CASE VIII. Mr. —, of strongly-marked nervous temperament; very *impressible*; an excellent mesmeric subject. I was called to this gentleman on account of violent pain in the head, and to which he was very liable. I found him in bed. He could not sit up at all, and any noise in the room, or house, or jarring of the furniture, increased the pain to agony. Pressure to the head gave some relief. While I was examining his case, he said he could bear his sufferings no longer; that he must get up, and walk round the room; do anything which might afford some relief. He was hot; skin dry; pulse rapid. I sent for leeches; but before they could be got, and because of the increased suffering, I made a free application of sulphuric ether to the forehead. The relief from its use was soon apparent. It was strongly expressed, until, worn out by his long agony and sleeplessness—and now relieved—he fell asleep; and, after long and perfectly quiet rest, awoke without pain, and next day went to his business.

The relief here was quite as striking as from chloroform. A good deal of ether was used, indeed, and the patient may have found some of the relief he experienced in the unavoidable inhalation of the ether vapour. This was not at all the case in the instances in which chloroform was applied. The quantity was very small, hardly damping the handkerchief beyond the limits of a twenty-five cent piece, and with the wet surface close to the skin, and often under the bed and other clothes. This case is reported, not on its own account only, but also to allude to another mode of employing local etherization. A professional friend of the highest reputation amongst us, and very cautious in forming opinions concerning the direct effects of remedies, once told the writer that he had been much gratified with the agency of sulphuric ether in procuring sleep in cases in which he was desirous to avoid the employment of opiates. His method was gently to have the forehead and face wiped with a cloth damped with sulphuric ether, and very often most grateful sleep followed this use of it.

CASE IX. Mrs. —, aged 19, in seventh month of pregnancy. Of excellent health before marriage, she has suffered, in an unusually severe form, the signs and diseases of pregnancy. Vomiting occurred very early, and such was its excess that it seemed impossible that she could live through its ordinary continuance. To this succeeded pyalism, which has been quite as

uninterrupted and severe as was the vomiting. She is constantly in bed, having no power to sit up. Violent headache; pain in abdomen; in back; in short, pain occurring in all possible localities, has made her life, for months, wretched. Having tried the ordinary means of diminishing these troubles, I have at length applied chloroform. The pain in the head has entirely ceased since she began this course. All other means are omitted. Pains elsewhere are sensibly diminished. She has no nausea, no vomiting, and the pyalism is less. She bears milk, in small quantities, quite well on her stomach. As the pain in the back and abdomen continues to recur when the effects of the chloroform have passed away, I have to-day, November 10, 1851, directed an ointment of chloroform, two drachms to an ounce of lard, to be applied to the spine and to the epigastric region.

CASE X. This case occurred in the person of the writer. The disease was toothache. It was in one of its severest forms; had continued many hours; extended to the temple and lower jaw, and made the least application to it, a touch merely, exquisitely painful. Chloroform on a handkerchief was applied to the third branch of the fifth pair, where it passes out upon the face, and to its ramifications, and especially to that part of the cheek which was over the diseased tooth. The usual sense of tingling and burning was experienced, and the skin became slightly red. After a few minutes, a most grateful sense of relief was experienced. The pain disappeared as entirely as it does after an aching tooth has been drawn. No tenderness remained. The tongue or finger could be freely pressed against the tooth, and without producing any uneasiness. Chewing was possible and grateful. Cold water gave no agony. It may be inferred that I have exaggerated the suffering. Said a patient to me once, to whom I had suggested the idea that she might be in error as to her suffering, "*Sir, I know by my feelings how I feel.*" I can say that what I have said of the pain, and of the relief from chloroform, need not to be questioned. I felt and understood both.

Relief continued for some time. Pain recurred, but it was at once treated as above, and was at once relieved.

*Remarks.*—I have written off these cases that I might report them to the Society, because I think this method of using anæsthetics may often be useful. It is not on account of the novelty of this mode of application of chloroform that the cases are presented, for the suggestion of such use will be found elsewhere. They are read because they present a number of cases, of facts, in which it has been a purpose to afford relief by the remedy, and especially by a faithful trial of it.

Another reason: These cases are sufficiently numerous to furnish some basis for generalization. By adding to them, they may at length authorize the establishment of rules of practice, which may not only contribute to the comfort of the sick, but exert important influences over disease.

Again. This use of chloroform is perfectly safe. Not the least disturbance of system or organ has been produced by the external employment of this substance. Consciousness remains undisturbed. The pulse, breathing, temperature, are natural. The expression of relief is very striking. In other uses of chloroform, or ether, consciousness is more or less abolished, and we know nothing of the relief but what comes of absence of complaint. From its external use we learn at once the whole story of the comfort, the extreme pleasure which is experienced.

Again. I present these cases in the hope that others will be induced by them to seek for their patients' relief from other sources than those ordinarily employed, and which so often do little more than occupy a certain amount of

time in a self-limited disease. These cases show that we have the means of shortening this time, nay, of giving relief at once, and thus of anticipating recovery. I have used chloroform externally but once in acute inflammatory disease—puerperal peritonitis. In this case, after-pains continued until the fourth day from delivery, with retention of urine, and pain in the lower part of the abdomen, which broke sleep and produced extreme discomfort. This case was some miles from town, and I was attending in consultation. I advised a trial of chloroform to the part, and used it as above described. Its effect was not agreeable. The skin had been sodden with hot rum, brandy, hop-bags, &c., and had been made so tender that unusual smarting, tingling, and heat were at once produced, so as to make it necessary to remove the chloroform. There were recent leech-bites near the seat of pain, and these may have been irritated by the application. Should I again use chloroform externally in similar cases, I would combine it with some ointment, say rose ointment, in proportion of one or two drachms to the ounce of the ointment, and apply it on cloth, or, which would answer better, sheet or woven lint.

Has not our subject important physiological and therapeutic relations? The nerves, under ordinary circumstances and in their healthful state, convey at once to the brain morbid occurrences whenever or wherever such happen, and thus most important information is given of the state of the system, or of a part of it. So, when the body in every part of it is in health, the nerves communicate the knowledge of this fact to the brain and mind. The result of such agency is that consciousness of universal physical soundness—health—which constitutes the highest enjoyment of life. But chloroform, as we have seen and said, abolishes pain—we do not say cures disease—and, in this freedom from suffering, leaves it to the nerves to aid in such living processes as are themselves tending to the recovery of the diseased organ to health, and to aid the therapeutic powers of medicine. The mind remains ignorant of the state of the diseased part, so far as pain has given it knowledge of such state; but recovery is not thus delayed. We believe, on the contrary, it is hastened.

Of the mode of applying chloroform endermically, a word. A handkerchief fresh from the drawer, and a phial of chloroform, are all that is needed. Apply the handkerchief to the open mouth of the phial, and invert the latter so that the chloroform may wet a spot in the centre of the cloth. Do this two or three times, and then apply it to the seat of pain by moderate pressure and without friction. Let it remain till it is dry, and then wet and apply it again if need be. Ordinarily, the pain soon becomes less, and will even be found often to disappear entirely, with no further application of chloroform. Some redness is commonly produced, and some tingling or smarting. These, however, disappear when the handkerchief is removed. To prevent evaporation, and especially to prevent inspiration of the chloroform, always cover the cloth which contains it with another dry one.

[At the meeting succeeding that at which the above paper was read, Dr. Channing asked that he might make an amendment by addition.

He said that a question arose, after his paper was read, whether chloroform could be relied on for relief of pain by its external application. Dr. C. replied that the skin, of all tissues, is the most liberally supplied with nerves, and that as chloroform acts wholly upon and through the nervous system, the patient, under its fullest action, was deprived of consciousness by its direct action through the nerves upon the brain. The action of chloroform, then, through the skin, was precisely the same as through the lungs, with this difference,



that, when introduced by the latter organ, such is the vast extent of texture to which it is applied, consciousness is lost as well as sensibility.

It was further objected to Dr. Channing's views, that the entire or healthy skin was the least fit medium for the introduction of medicines into the system, and that, in order to make such applications useful, the usual method was to denude the skin, or remove its external envelope. To this objection, Dr. Channing replies by referring to the questionless results of the endermic practice of medicine. He also referred to the anatomical fact that the mucous tissue was nothing more than the common integument extended or continued into open cavities. Now, who can question the immediate effects of chloroform when inspired into the most healthful lungs? He further contended, by reference to established facts, that chloroform is nearly or quite as rapid in its agencies when applied to the sound skin as to the sound lungs. He had met with these effects too often to question this statement. He did not say that the external application of chloroform would cure or remove a disease of which pain was a symptom. Neither does opium. How rare is it that disease disappears with symptoms! His object in recording his cases was to show that pain had as often, nay, oftener, been relieved by chloroform than by any other remedy for pain in his memory, and for this he had asked the attention of the Society to his experience of its anæsthetic effects.

As to a lesion of the skin as favouring the remedial effects of external medication, he could only say that analogy did not sustain the doctrine. A lady in advanced phthisis had derived much relief from ether in the sufferings of its earlier stages. In the progress of the disease, when more and more of the lungs was suffering from its power, she was obliged constantly to increase her quantity of ether in order to find relief. For some time, a quart a day had sufficed. But this was increased until nearly six quarts were consumed in the same time. Not only did she directly inspire it, but her dress, and the furniture of her sleeping and sitting-rooms, were kept wet with ether, so that she might live in an atmosphere of ether vapour. Here was lesion of texture in every extent and variety of it—nerves were fully exposed—still the ether was increased in quantity as fast as new or additional lesion was produced.]

*November 24.—Polypus of the Uterus.*—Dr. CHANNING exhibited a portion of a polypus of the womb, which he had lately removed from a patient, who had for more than a year suffered severely from the symptoms of polypus. These were excessive hemorrhage during the catamenial periods, and hemorrhage at other times from extra exertion. Except at the menstrual flow, the tumour remained within the womb. At his first visit, the polypus was partially protruded from the os uteri, the catamenia being present. An unsuccessful attempt was made to include the protruded portion in a ligature. It was agreed that ergot should be given before and during the next period, and, if the tumour came within reach, another effort for its removal should be made. He was called again to visit the patient at her residence in the country, where he first saw her.

Examination discovered a tumour of large diameter, filling, and extending beyond, the os uteri. Its vaginal extremity looked directly to the hollow of the sacrum, the fundus of the womb being towards and above the symphysis pubis, lying directly across the pelvis, or from before backward. This situation rendered the application of the ligature very embarrassing. The double canulæ, as modified by Gooch, were used. They were carried, armed with whipcord, to a point of the projecting polypus, as near as possible to the os uteri. One of them was made to rest there, while the other, swept along the

projecting tumour, was carried beyond its free end, and then along its opposite face, until opposite the fixed canula first described. Carrying the ligature along with it until it was parallel with the first canula, it was brought down and over the tumour until it met its fellow. In this way a loop was formed which embraced the tumour. The slide was next carried along the canula till it reached their farthest extremity. The ligature was now drawn tight, and examination having satisfied Drs. Channing and Stevens, the attending physicians, that it was in its place, it was secured at the ring or shoulders of the instrument.

The ligature gave no pain. It was tightened twice a day, and on the fourth day the tumour fell off, and when measured, though contracted by the spirit in which it had been preserved, was found to measure in circumference  $7\frac{1}{2}$  inches, and  $2\frac{1}{2}$  inches in diameter. Perfect recovery followed the operation.

Dr. Channing reported another case, in which great suffering from forcing pains was experienced at the catamenial periods, accompanied by excessive hemorrhage. In this case the tumour was found within the os uteri, the latter surrounding it very closely, making the dilated cervix, and the exceedingly thinned labia, to resemble *phymosis*. Such was the closeness of contact between the polypus and thinned cervix, that the smallest probe could scarcely be passed between them. Ergot was given in this case at the catamenial period, as in that above reported. The polypus protruded, and being in the axis of the vagina, was reached and surrounded by the ligature with comparative ease, and secured. The polypus dropped off, and perfect recovery followed.

Dr. Channing said that he had operated in a number of cases; that he had met with no bad results; on the contrary, his patients had done well. He has sometimes found pain complained of when the ligature was first drawn. The pain, which was of short continuance, was probably owing to the fact that in some cases the ligature was applied nearer to the womb than in others, and pressure was thus made upon some of the tissues of the organ which were sensitive. In these cases, the base was very large, and strong pressure was necessary to produce strangulation. Recovery was as rapid in these as in those cases in which no pain was felt. In no case has there been any return of polypus. The latest he has met with was the smallest of the whole number; and yet the pain, the hemorrhage, the debility, and intolerance of almost any amount of motion, were nearly as pronounced as in any of the rest. It was about two inches in length, but very small in diameter, and sprung from a very minute pedicle from the lip, or from just within the os uteri. It was removed by the polypus forceps, by twisting the instrument, and without either present or secondary hemorrhage. The relief was perfect.

Dr. J. M. WARREN asked Dr. C. if he had not met with any case in which polypus had returned after being removed by the ligature? Dr. C. said that in his own practice he had met with no such case, and he meant to confine his remark, on this point, above given, to his own observation. He remembered a very interesting case, which, with Dr. Storer, he had recently the great privilege of examining, by the kindness of Dr. Warren, and of witnessing Dr. W.'s successful application of the ligature; and in which case Dr. W. had, a few months since, done the same operation for another polypus.

Dr. C. requested Dr. Warren to give an account of this case to the Society; which request Dr. W. complied with as follows:—

The patient was an unmarried female, thirty years of age, and was operated on before by Dr. W., four years since, for a polypus of the uterus, and has been quite well until within six months, when the symptoms denoting the

existence of another tumour in the cavity of the womb were manifested. The history of the case was as follows: Four years and a half ago, while entering the house in the evening, she fell, receiving a severe blow on the lower part of the abdomen, from the stone step. She was carried into the house in a state of great suffering, and a profuse uterine hemorrhage followed. For some months she was confined to her bed, scarcely able to turn from pain, and suffered from occasional returns of the bleeding. Coming under the care of an experienced practitioner, a vaginal examination was made, which disclosed the existence of a polypoid tumour extruded from the os uteri. Dr. W. saw the patient in consultation, and advised an operation. At this period she was suffering from anæmia, and so exhausted as to make it unsafe for her to assume the upright position, as the attempt was always attended by fainting. A ligature was applied to the polypus, and the tumour separated on the fourth or fifth day, the subsequent recovery being rapid.

The patient remained well until six months since, when the recurrence of hemorrhage at the menstrual periods, severe pains and bearing-down sensations in the back and loins, seemed to indicate the existence of uterine disease. Added to the above symptoms was the discharge of a gill of watery fluid from the vagina once in five or six days.

On examination, Dr. W. found a tumour occupying the whole fundus of the uterus, and projecting into the vagina. With some difficulty the finger could be passed into the cavity of the organ through the os, which tightly embraced the central part of the polypus; with the speculum it could be distinctly seen, its parietes presenting a white, glistening appearance. Dr. Channing and Dr. Storer saw the patient with Dr. W., and concurred with him in opinion as to the nature of the disease and the propriety of an operation. Accordingly a strong ligature, made of whipcord, was applied to its base in the following manner: Two *porte-nœuds* threaded with the ligature were carried up through the os uteri to the base of the tumour. Then by taking one in each hand, they were made to describe a semicircle around the polypus. The ends of the ligature were now engaged in the *serre-nœud* of Græfe, which being carried up to the root of the polypus, the threads were disengaged from the *porte-nœud*, and the ends drawn as tight as possible and secured. By means of a screw, the pressure was increased daily, and the tumour destroyed, so that the instrument separated at the end of a week, no constitutional symptoms of consequence having occurred. The patient has menstruated once or twice since, and is now in a good state of health.

Dr. Channing expressed his surprise, at the time, in view of the facts presented by this case, as very high authority has stated that it never had happened, or it was not on record, that a second polypus had followed the removal of a preceding one. This case was of great interest, for in it another polypus had certainly grown from the same womb, presenting all the characteristics of the disease.

Dr. PARKMAN remarked that, although a second polypus might not grow from the pedicle of one removed, still the disease might proceed from another part of the womb. Dr. Warren supposed this was the case in the instance just related.

Dr. Channing added that this idea gets support from the fact that, in Gooch's cases, and in his own, the removal of a small portion, only, of the polypus was as surely curative of the whole, as if the ligature had been applied at that part of the pedicle nearest to the womb; as the umbilical cord will as surely be separated from the abdomen, if any number of inches remain between the ligature and abdomen, as if only one or two remain. Dr. C.

thought this of practical importance, as it avoids the pain which sometimes follows on tightening the ligature, from its being very near to the internal surface of the uterus. He thought that the fatal cases which have followed the operation, and in which peritonitis occurred, though reported to be exceedingly rare, might be accounted for by such a mode of applying the ligature.

*November 24.—Attempt at Self-Castration by a Lunatic.*—Dr. STEDMAN related the case of an Irishman, "affected with melancholia of the deepest dye," who, remaining for months without any improvement, was with difficulty made to eat or speak, and was regarded as imbecile, or nearly so. Very early one morning, Dr. S. was summoned to him, and found one testis partially torn from its envelopes, and blood largely effused. The urinal used by the patient was discovered broken in several pieces, all of which, but one, were quite clean; this being smeared with blood, pointed out the instrument used. Dr. S. said he was surprised to find such a wound made with so imperfect a cutting edge. The wound healed readily, the patient dying some time afterwards of phthisis.

*November 24.—Enchondroma of the Ring Finger.*—Dr. H. J. BIGELOW presented the specimen, and described the case. The affection was of ten years' standing, its growth, however, mostly within two years, and it occurred in the person of a young man otherwise healthy.

Dr. B. said that it is not yet decided how far enchondroma is recurrent; there are instances of it in the scapula and ribs; in enchondroma affecting several fingers, recurrence has been observed. These tumours grow from the centre, and sometimes from the exterior, of the bone, and are occasionally free from attachment. Microscopic examination shows the cartilage to be rudimentary; it is granular, with feebly marked corpuscles. Dr. B. showed, with the tumour, a cast of the hand, and some drawings of the microscopic appearances.

*November 24.—Spontaneous Dislocation of the Crystalline Lens in Utero.*—*Subsequent Inflammation of the Eye.* Reported by Dr. BETHUNE.—John F., four years old; soon after birth, the lens was seen by the parents of the child in anterior chamber of right eye; at first light coloured, it has gradually become darker. Sight apparently never good with this eye. Last spring, the eye became inflamed; this subsided, but the eye was again attacked three weeks ago, and now, on examination, the left eye is well; right eye, conjunctiva and sclerotic injected; choroid, generally, shows through the sclerotic, more at a point above the cornea, near which are seen large dilated vessels; pupil largely dilated, fixed. Anterior chamber filled with amber-coloured lens, round, except for a triangular fissure at the lower edge.

*Treatment.*—One leech occasionally, whenever inflammation is apparently increased, with small doses of castor oil from time to time; simple warm or cold water applications, as most agreeable to the child. Diet and rest. If these means prove ineffectual for relief, the patient is advised to return for extraction of the lens.

*Nov. 24.—Cerebral Disease of Peculiar Nature and Severity.*—Dr. STORER reported the case. Catherine Sullivan, æt. 25 years, entered Mass. Gen. Hospital, August 30th. Had enjoyed good health until five days previous to her entrance, when, fatigued by a day's washing, she threw herself, while much heated, upon the floor, and fell asleep. Upon awaking, she felt some numb-

ness of the extremities, and a sensation of giddiness. Has since complained of obscure vision, and a difficulty of deglutition, with an inability to guide the muscles of the extremities.

When I first saw her, she was in bed, suffering from great nervous excitement, complaining of dyspnœa and a sense of suffocation, attributable by her to derangement in the throat. She had a peculiar expression of countenance, produced by a semi-strabismus; when asleep, respiration was stertorous; the skin was moist; pulse 100.

For several days immediately succeeding her entrance, she had at Dr. Storer's visit—and only at that time and upon taking her medicine—a nervous paroxysm, consisting of short spasmodic laughs, or giggles, which were supposed to be symptoms of hysteria, and for this affection she was treated with *anti-spasmodics* and *counter-irritation*.

On September 9th, ten days after her admittance to hospital, it is recorded as follows: Motions of right hand much improved. Was able to dress herself this morning. Less appearance of hysteria now than at previous visits.

*Sept. 19th.* Complained of nausea this morning previous to breakfast.

*20th.* Speaks of pain in right forehead, extending to eyes, which she says has existed in a greater or less degree for a week. Apply veratrine ointment. R. Veratria gr. viii; axunge ʒi. M.—Apply to affected part.

*21st.* Pain in head not relieved. Above seat of pain, a very marked nodosity, which has increased since her entrance. Strabismus increased. Sleep accompanied with stertorous breathing, to such extent, at times, as to disturb inmates of ward. Giddiness upon erect posture. Constant disposition to sweat, which was not noticed until yesterday. Let the head be rubbed with—R. Tinct. cantharid., tinct. capsici, aa ʒj. M.

*23d.* Less power of motion in right arm. Great rigidity of flexor muscles of this arm and hand, and of right lower extremity.

*24th.* Limbs even more rigid than before. Great force required to move them from positions.

*25th.* Rigidity of limbs increased. Nurse represents patient as having been perfectly helpless this morning. Ordered sinapisms to neck and feet, and a pill, once in four hours, of—R. Hyd. chlorid. mit. gr. i; pulv. opii. gr. ʒ. M.

*26th.* A sensation of strangling accompanies attempts at deglutition. Strong muscular contractions of fingers of affected hand, thumb being drawn across palm of hand, and covered by the fingers.

*27th.* Difficulty of deglutition increased. Has swallowed almost nothing since yesterday morning. Apply to nape of neck—R. Emplastr. cantharid. 6×3.

*28th.* Speaks with more difficulty than at any previous period. Yesterday had several attacks of dyspnœa, which were relieved by inhaling sulphuric ether. During the day, succeeded in swallowing half a pint of arrowroot. Pill was administered with the nourishment. It had previously been repeatedly omitted on account of the difficulty of swallowing.

*29th.* A more comfortable day and night. Suffered less from dyspnœa. Difficulty of deglutition less marked. Greater animation. Rigidity of extremities as before. *Salivation very distinct.* Bowels being constipated, ordered—R. Inf. sennæ compos. ʒii; or, if much difficulty in administration—R. Olei tiglii gtt. i.

*30th.* Medicine was taken with effect. Had a quiet night. No dyspnœa during night. Less rigidity of muscles. More power of motion.

*Oct. 1st.* Less rigidity of muscles.

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2d. No dyspnœa. No giddiness. Sitting up. Apparently troubled by pytalism alone.

3d. Hysteria more marked since grave symptoms have diminished. Mouth very troublesome. Ordered—R. Potasse hydriodat. gr. vi. three times daily.

4th. Strabismus increased. Nurse reports patient as walking more naturally to-day than at any previous period. Mouth improving.

7th. No return of unfavourable symptoms. Sitting up, answering questions without any hysteria. Pytalism still profuse. A marked enlargement of right pupil.

From this time her convalescence has been uninterrupted. Dr. S. left her on Nov. 1st, at which time her nights were good, without the slightest dyspnœa or stertor. Intelligence perfect. No difficulty in deglutition. Walking daily improving. She is constantly moving about the ward, cheerful and happy.

Nov. 29th. Dr. S. visited the Hospital to-day, and extracted the following from Dr. Bowditch's records:—

Nov. 15th. Cephalic, thoracic, abdominal functions well. Sits up all day. Node which existed on forehead nearly gone.

19th. Walked out yesterday.

22d. Catamenia present.

December 8.—*Microscopic Appearances in a Section of a Fossil Tooth from a Species of Shark.*—Dr. DUNKER exhibited, under the microscope, a fine specimen of a fossil tooth of the *Charcharodon Angustidens*, one of the largest species of sharks whose remains have ever been discovered. Some months ago, Dr. D. received several teeth of this kind from a friend in Alabama. The largest measured nearly two inches at the base, and were about two inches in length. Dr. D. made a longitudinal section of one of these, and polished it down for microscopical observation. The original structure of the tooth thus treated, was brought as distinctly into view, as if it had been removed but yesterday from the living animal's jaw. The distribution of the nutrient vessels, as viewed with a power of 170 diameters, was exceedingly beautiful, and bore a close analogy to the Haversian canals, and the delicate canaliculi which are seen to anastomose so freely in all true bone.

December 8.—*Cancerous Disease*.—Four specimens exhibited by Dr. JACKSON.

1st. Encephaloid of the pyloric portion of the stomach; sent by Dr. Fifield, Jr., of Weymouth. The disease is well marked, and well defined, of a circular form, about four inches in diameter, and rising about half an inch above the surrounding surface in soft, regular masses, which projected beyond the base; situated mainly in the posterior parietes, and within an inch of the pylorus. The patient was a bootmaker, and Dr. J. thought that pressure upon the epigastrium may have had something to do with the development of the disease. He was 48 years of age, and had been long subject to dyspepsia, and constipation; gave up work last February, and had kept his bed since July; became greatly emaciated; and, during the last three weeks, a tumour was felt in the epigastrium; never had much pain. Dysphagia was an urgent symptom, though the disease was far away from the cardiac orifice of the stomach; there was also vomiting one or two hours after taking food. The organs of the abdomen were closely matted together as by former peritonitis, but there was no other

encephaloid disease. Dr. J. thought that such limitation of the disease was quite unusual in the case of the stomach.

2*l*. Encephaloid disease of the uterus, extending into the vagina, and projecting into the cavity of the urinary bladder in the form of a whitish, soft tumour of considerable size. There were, however, no urinary symptoms recorded during life, or known to the nurse to have existed, as was ascertained by inquiry after the patient's death; a fact which is remarkable, considering the natural irritability of the organ affected; ulceration, however, had not fairly commenced. The surrounding cellular tissue was indurated, and the ureters were much dilated, as so often happens in cancer of the uterus; but there was no other disease in the abdomen. The patient was a married woman, 32 years of age, and had died recently at the Hospital. The disease was marked by most of the usual symptoms, and was probably of at least nine months duration. Previously to this she had had for some months what she regarded as profuse menstruation; there was, however, no hemorrhage after the disease was fairly established, except when she was examined by the speculum or otherwise, at which times she suffered severely.

3*l*. Scirrhus disease of the uterus; contrasting well with the last case; the ulcerated surface being as dense in this as it was soft in the other; os and cervix uteri destroyed, with the whole upper part of the vagina; ureters dilated as in the last case, though the bladder and surrounding cellular tissue did not seem to be involved. The dissection was made by Dr. J., and all the organs of the abdomen and thorax were examined, but no other cancerous disease was found. The case occurred in the practice of Dr. Cornell, and has been fully reported in the *Boston Med. and Surg. Journ.* for Dec. 10th. The patient was 39 years of age, had suffered from the disease for a year or more, and the case was remarkable for the small amount of hemorrhage, and for the entire absence of pain, though there had been uneasiness about the pelvis. Dr. J. remarked upon these cases as confirmatory of the observation often made, that the other organs are generally healthy in cancer of the uterus.

4*th*. Encephaloid masses in the upper lobe of the right lung; one of which, situated just beneath the surface, shows the depression in the centre which is so often seen in cancer of the liver; an appearance which Dr. J. has never before observed in the lung, though Dr. Walshe (*Diseases of the Lungs and Heart*) refers to it. The patient was a woman, 45 years of age; and the examination was made by Dr. Ainsworth, who found upon the left side no trace of pulmonary tissue, but in the place of the lung a mass of encephaloid; there had been, however, no dyspnoea, though early in the disease there was much cough. There was also found a large encephaloid mass in the situation of one of the kidneys; the tumour which it formed having been felt by Dr. H. two and a half years ago.

These specimens have all been examined microscopically by Dr. H. J. Bigelow, and appearances characteristic of cancer were found.

Dr. J. remarked upon the "straw-coloured" hue which is so often observed in cancerous patients, and is so generally regarded as characteristic of the disease, that he believed it was generally owing to the natural complexion of the individual. A light-complexioned person will look simply pallid, when reduced by hemorrhage, or labouring under any disease that impoverishes the blood; but one of a dark complexion will naturally retain something of the original swarthy hue, and thus the so-called "straw-coloured" appearance is produced; and it matters not whether it is cancer, or any other disease, that produces it.

*December 8.—Croup.*—Dr. CHAS. E. WARE reported the following case of croup. Monday, Nov. 24th, he was called to a girl four years old. She had been attacked in the morning with vomiting and sore throat. No febrile symptoms. Her tonsils were of a deep red colour, and somewhat swollen. There was a distinct patch of lymph on one of them. Her respiration was perfectly free, and her voice natural. Her bowels were moderately moved by a cathartic, and she took a Dover's powder at night. Through the next day she continued in very much the same condition—was up, dressed, and about the room.

*November 26th. (Wednesday.)* In the morning her voice was a little husky; her skin rather dry and feverish; tongue thin and furred; appetite small; lymph on each tonsil; her fauces and larynx were thoroughly washed with nitrate of silver, one drachm to the ounce.

In the evening her respiration had the decided croupy character. She very rarely coughed, and when she did, there was nothing resonant or sonorous about it. In both backs the respiratory sound was full, clear, and entirely without râles.

*27th. (Thursday.)* Her voice was gone except in a whisper; her tongue was more thick, and furred; skin more hot and dry; pulse 112; no labour in her respiration; her general aspect good.

*28th. (Friday.)* In the morning her respiration had become somewhat more embarrassed. She was very restless, and anxious to be carried about. Her pulse was smaller in calibre, and more difficult to count, but not more frequent. The respiratory sound in both lungs was diminished in amount, but clear and free from râles. Through the day, her respiration became more laboured, but she retained a good colour.

Through Saturday she was rather more quiet; respiration not more laboured; appeared to be in less distress, and retained still a fresh colour.

*30th. (Sunday.)* Her aspect had changed; her face and extremities had become quite livid; her breathing was much more embarrassed; an inspiration sounded as if the air was drawn through a small dry tube. She had vomited, in the night, some thick tenacious mucus, but nothing like membrane; it was spotted with a few specks of blood. In both backs mucous râles were discovered, but no respiratory sound. She gradually sank through the day, and died at 5 P. M. Her treatment was cauterization, Dover's powder with a little calomel in it, and constant steaming by fomentations about the neck. At the autopsy there was found false membrane on the tonsils, fauces, larynx, trachea, and extending down to the primary bronchi. The bronchi, on both sides, were filled with thick, tenacious, purulent mucus, especially on the right. The mucous membrane was intensely red and thickened; the middle lobe of the right lung was carnified and in a state resembling the lungs of a newborn child.

Dr. Ware thought the case presented with more than usual clearness the peculiarities which distinguish this disease from those forms of croup in which no false membrane is thrown out. A slight sore throat with small patches of lymph on the tonsils, without much general disturbance for a day or two before the croupy symptoms began to appear; the trifling character, and husky tone of the cough throughout the disease, and its never presenting that stridulous sonorous tone which Dr. Ware thought characterized the spasmodic croup, or those cases in which there was a simple thickening of the mucous membrane, and which was comparatively rarely heard in genuine croup; the loss of voice as the larynx became involved; the gradual diminution of the respiratory sound in the lungs as the passage for the admission of air became contracted; the lividity, and relaxed condition of the muscles; the



restless seeking for relief from the prolonged, increasing suffocation; the absence of respiratory sound, and the appearance of mucous râles in the lungs about twelve or eighteen hours before death, and the then rapid sinking of the child. There was one point in which this case differed from many others. In rapid cases the child commonly dies from suffocation; then nothing can be more dreadful than its distress for some hours before death. In this case the last day was not the most distressing; as the lungs became affected, the extremity of the dyspnoea was diminished, and there appeared to be a less demand for air. In another case which Dr. W. had recently seen, where the disease was of some days' duration, and pneumonia had supervened, the dyspnoea was not extreme for eighteen hours before death. The apparent relief in these cases might be owing to the exhausted condition of the child, but not he thought entirely. It seemed, when the child was able for a certain length of time to contend with the disease, as if the system adapted itself to the condition of things, and an equilibrium was again established between the respiration and the circulation. If this is so, it is an important practical point to be borne in mind in the treatment, and would contra-indicate the reducing practice which was formerly, and is now, to some extent, pursued. If the effusion of lymph is not checked at the outset, but has extended to the larynx and trachea, and the child can only be relieved by throwing it off, or by absorption; the longer it can be made to live, the better will be its chance, and everything that can be done should be done, in such cases, to support the strength. All depressing treatment should be avoided.

The throat and larynx were thoroughly cauterized with a strong solution of lunar caustic, passed in on one of Green's sponges, twice a day, from the time of the first indications of croup, without any manifest benefit. Lymph was found after death upon parts which must have been thoroughly washed with the caustic. Although this treatment has found much favour lately, and perhaps is more frequently successful than any other, Dr. Ware thought that its efficacy had been somewhat overrated, by confounding the various classes of croup together. The caustic probably does not reach much, if any, below the larynx. Where the disease is limited to this neighbourhood, the treatment, one would suppose, might be very efficient. But such cases constitute, probably, but a very small portion of the cases of genuine croup. Dr. W. had never seen an autopsy of a case of croup in which there was not membrane in the trachea, and in the primary bronchi adhesive mucus or pus, so tenacious as to be almost equally as embarrassing as lymph, to respiration. Upon such cases cauterization could have little effect. They are probably, with very rare exceptions, fatal. Where the disease commences in the throat or larynx, and cauterization is thoroughly applied, it may sometimes arrest the effusion of lymph, and the extension of the disease, and these, so far as he had observed, he thought had been the successful cases. If the disease extended far below, he questioned whether the treatment could have much efficacy. The relief then seemed to come by throwing off the membrane. There was no particular reason to suppose that the application of caustic would promote this process. A certain number of cases got well under the former treatment in this way. There is not such a difference, certainly, in regard to those cases which get well by discharge of the membrane now and formerly, as to make it very probable that the caustic promotes it. He thought that not many, if any, more of this class of cases were saved under the present treatment. How many of those cases of effusion of lymph upon the tonsils, in which croup has not yet appeared, and to which caustic was applied, would have otherwise terminated in croup, he was not prepared to say. Here he should think it very probable was the

principal benefit which the introduction of this treatment had conferred upon the profession. It is not very uncommon to see effusion upon the tonsils where there is no croup. And from the ordinary effect of caustic upon mucous membranes, it would seem probable that a free application of the caustic would check the extension of the effusion downward, and protect some children from the disease who would otherwise have it. It must take a very long experience, and careful observation, to test the real efficiency of the treatment in a disease so few cases of which fall under the observation of any one practitioner, and which is so closely simulated by some of its comparatively harmless forms as readily to deceive the observer.

*Dec. 8.—Fracture of the Lower End of the Radius, with other Fractures.—Description of Professor Beaumont's Apparatus, &c.—*Dr. J. M. WARREN presented the specimen, which was quite interesting from the fact of the opportunities being rare for observing this fracture in a recent state.

The patient was a man thirty years old, and was brought into the Hospital, having fallen a distance of forty feet through a scuttle to the floor. The following is the Hospital Report:—

"There is now, at six P. M., fracture of the right radius, apparently just above the joint. There is great deformity, simulating dislocation of the wrist backwards. Crepitus distinct.

"The right leg is shortened, by measurement, one and a quarter inches. It is everted, with edge of foot lying flat upon the table. There is distinct crepitus at or near the cervix femoris. When pressing the two iliac crests, they yield sensibly, and give a *feeling* of indistinct crepitus." The patient died at ten P. M."

The pathological appearances of the parts exhibited were as follows: The right radius was fractured transversely half an inch above the joint, with a comminuted fracture extending into the joint. The internal lateral ligament was torn away from its attachments to the ulna, carrying a bit of the bone with it.

The right femur was the seat of a comminuted fracture through the trochanter, and a longitudinal fracture of the shaft of the bone extended from its cervix downwards for four inches. Neither of these fractures communicated with the capsular ligament.

The right sacro-iliac synchondrosis was torn asunder, and the bones forming it, fractured. The ramus of the ischium and pubis was fractured. The lower half of the sacrum and os coccygis were comminuted.

In connection with the specimen of fracture of the lower extremity of the radius, Dr. W. made some remarks on the interesting nature of this accident to surgeons, from the liability to deformity so likely to occur in spite of the best-directed treatment. The various apparatus invented by so many distinguished surgeons, with the object of preventing this deformity, show the importance attached to it. From simply regarding the external appearances presented by this fracture, it was formerly supposed that the bones yielded in an oblique direction; but observation of pathological specimens has shown that it is, on the contrary, almost always transverse, the peculiar deformity arising not so much from the overlapping of the fragments, as from the direction of the displacement by muscular action. Dr. Smith, of Dublin, in twenty specimens which he examined, found the fracture to have a transverse direction in eighteen. In the present specimen it is transverse.

Dr. W. said that he would avail himself of this opportunity to show a very efficient apparatus for making extension in fractures of the lower extremity

of the radius, contrived by Professor Beaumont, of Toronto, to whom the profession is indebted for the invention of many ingenious surgical instruments, some of which have been for a long time in use at our Hospital.

This apparatus consists of an angular splint, made of gutta-percha, adapted to the bend of the elbow. To this is attached a bar of iron, which extends beyond the hand, and is then bent to a right angle. This latter portion has attached to it two axles, with ratchet wheels, for the purpose of making extension by means of cords attached to a leather cap laced to the wrist just above the joint. In addition, there are two small splints adapted to the anterior and posterior part of the forearm.

The following extract from the letter of Dr. Beaumont to Dr. W., describes the method of application:—

"The patient's arm and forearm, having been bent at a right angle, should be placed in the angular splint, and there fixed by a bandage. A piece of gutta-percha, of the shape of the leather cap, may then be softened and wrapped round the carpus and metacarpus, in order to protect the skin from the very painful pressure; and when the gutta-percha has become hard, the cap is to be laced tightly over it, and in such a manner that one loop of the cap shall be on the radial border of the metacarpus, and the other loop on the ulnar border. The strings from these loops may, by turning the axles, be more or less tightened, so as to keep up permanent extension, which will be as nearly as possible in the axis of the broken radius, and the distal fragment will thereby be drawn very nearly into its normal relative position with the proximal fragment. The extension should be so gradually made as to remove the displacement with little or no pain to the patient; but should the extension become painful, it may be lessened by throwing the catch out of the teeth of the ratchet-wheel, and allowing the axle to revolve backwards. The anterior and posterior splints need not be applied for the first week, especially if the distal end of the forearm should be much swollen and inflamed, and as this part may be left exposed in its whole circumference, he can very effectually apply cold evaporating lotions, and can see and feel that the fragments are in their normal relative positions before applying the anterior and posterior splints. These splints are made to reach very nearly to the carpus, and, as you see, are so made as to press most against the interosseous space (so as to preserve its width), and also to prevent pressure in a direction from radius to ulna."

Dr. Beaumont also thinks this apparatus might be found useful in fractures at other parts of the radius, also in fractures of the coronoid process of the ulna, with dislocation backwards, and in fractures of the humerus just above the condyles, when the latter and the bones of the forearm are drawn backwards.

*Dec. 8.—Dislocation of the Hip-joint, with other Injuries.* Dr. J. M. WARREN.—The patient, a man about thirty years old, was buried under a bank of earth. On being dug out, he was brought to the Hospital about four hours after the accident, and seen by Dr. Warren.

On examination, it was found that he was labouring under a slight concussion of the brain; that the right hip was dislocated, the limb being inverted and shortened two and a half inches. The left testicle had been torn out from the scrotum, and hung suspended by the spermatic cord; it was covered with gravel, and the external tunic was so dry, from exposure, as to crackle like parchment. As the vessels still continued to pulsate, Dr. W. determined to make efforts to preserve it. It was, therefore, temporarily enveloped in a compress wet with warm water. The patient was now placed under the full influence of chloric ether, with a view to the reduction of the dislocation. The

force of the pulleys being applied, although a perfect state of relaxation from the effect of the anæsthetic agent seemed to exist, it required continued effort for ten or fifteen minutes before the muscles concerned in the production of the dislocation began to yield. The limb was gradually brought down, and when the head of the bone came opposite the socket, a slight rotatory movement being given to it, it slipped in with a distinct report. On moving the limb after the reduction, an uncommonly loud cartilaginous crepitus could be heard, and this symptom, in a modified form, continued for five or six weeks after the accident, when the patient was recovered sufficiently to walk about the ward.

Attention was next given to the testicle. The scrotum having strongly contracted, it was found to be a matter of some difficulty to return it, which was finally effected by seizing the scrotum with the fingers, and then forcibly crowding in the testicle, through the wound, with the thumbs, confining it thus until two or three sutures were made in the integuments.

More than two months have elapsed since the occurrence of the accident, and the patient, when last seen, was recovering the use of the injured limb. The wound in the scrotum healed well, and the testicle seems to have suffered but little from the exposure it was subjected to.

The application of the extending force was, in the present instance, made from the ankle, and was found much more convenient than by the ordinary method from the lower part of the thigh. No subsequent inconvenience was experienced by the patient in the knee-joint. He had some pains and swelling in the ankle-joint, a number of days after the injury, but whether it resulted from the accident, which was a complicated one, or was in any way connected with the manner in which the extending force was applied, it was impossible to determine.

*December 8.*—*Hydro-Nephrosis.*—Dr. GAX exhibited the specimen, taken from a dissecting-room subject. The kidney, with the pelvis, is dilated into a thin cyst, and about the size of the fist; somewhat sacculated internally, but without any trace of renal structure. Ureter of about the usual size, but ends in a cul-de-sac, within an inch of its origin. The cyst was filled with a thin red liquid, which, having been examined by Dr. Bacon, was found to be a serous fluid, slightly acid, and containing a large amount of albumen; with but little saline matter, except the triple phosphate, of which there is a considerable proportion. No urea, nor uric acid. Specific gravity 1.017. The red colour is owing to hæmatin, not contained in the blood-discs, but dissolved in the fluid. Epithelium cells seen under the microscope. On being heated, the fluid gives out a disagreeable, but not a urinous odour; which last Dr. G. thinks it had when recent. Dr. B. remarked that the triple phosphate was the only substance found that can be considered as belonging to the urine; but that the occasional presence of crystals of this salt on the peritoneum, &c., shows that it may occur in other secretions besides the urine.

*December 8.*—*Tænia Solium, Appearances of the Head of the Worm.*—Case reported by Dr. INCHES. The patient was thirty-eight years of age, and a man of intemperate habits. Last April, and during an attack of pneumonia, he passed about  $4\frac{1}{2}$  feet of the worm, many of the joints being but very slightly connected; and that was the first knowledge that he had of its existence. In the course of the summer, joints occasionally came away, and especially when he walked fast. About the last of November, he consulted Dr. I., on account of an oppression at the epigastrium; and under the use of medicine he ex-

pelled, in the course of a day or two, a considerable piece of the worm. A few days afterwards Dr. I. was sent for, and found him in bed with ascites. Castor oil and the oil of turpentine were given, and seven feet of the worm were expelled. The ascites continued, general dropsy supervened, and he died about two weeks ago: a granulated liver being found to explain the dropsy.

The dissection was made by Dr. Jackson, and the intestines were opened, a few inches at a time, and carefully examined. Throughout the small intestine there was a great quantity of very tenacious, pasty mucus, much of it being deeply coloured with bile; and, in the large intestine, a considerable quantity of grayish feces; the mucous membrane itself being healthy in appearance. About the middle of the small intestine, and lying free in its cavity, though buried in mucus, a portion of the worm was found, about three inches in length and very slender; and this was the only trace of it that was discovered.

The specimen having been submitted to Dr. Gould for examination, he discovered at once the characteristic appearances of the head of the parasite, the bulging, club-shaped extremity, and the four oval orifices. In the centre was a minute pit, but no marked orifice, and certainly no trace of the coronet of hooks, as usually represented. The fact of the existence of these last has been sometimes questioned; but when not seen, Dr. G. imagines that they are simply inverted, as represented in some of Blanchard's figures, which were shown to the Society (*Annales des Sc. Nat.*, 1848). Dr. G. showed the drawings that he had made of the above appearances as seen under the microscope; and he remarked particularly upon the imperfect division into joints, authors generally describing them as if they were continued quite to the head, and even Blanchard representing them as much more distinct than they are seen to be in the present specimen. For the first three-fourths of an inch or more, there is no trace of joints; after which they begin to appear upon the edges, and gradually come to extend quite across, being at first exceedingly short. Dr. Jackson remarked upon a statement made by Blanchard, that with some exceptions the genital orifices open alternately upon different sides in the successive joints, conformably with the general descriptions. Dr. J., however, has always found greater irregularity in this respect, and is inclined to regard it as an accidental circumstance, whether they open upon one side or the other; the orifices being sometimes upon the same side of the parasite, for ten or twelve successive joints.

*December 8.—Tumour from Submaxillary Region.*—Dr. H. J. BIGELOW exhibited the tumour which he removed, on Saturday last, from a boy of 11 years, at the Hospital. Its growth had been rather rapid; five months in attaining the size of a medium potato. It came on after an attack resembling mumps. The patient, likewise, had struck his face against a tree; a swelling, under the integuments, soon arose, of the size of a bean; when examined, previous to its removal, it had not the knobbed feel of non-malignant growths. On dissecting up the integuments, it was found to adhere very closely throughout, the fibres being interlocked with those of the masseter muscle. A large, bifurcated, nutrient artery required a ligature on each branch. Dr. B. regards the tumour as encephaloid in its nature. The microscope reveals, chiefly, cells similar in size to pus globules, with nuclei and nucleoli. Dr. B. showed two daguerreotypes of the patient, taken before the operation.

*December 8.—Strangulated Hernia. Importance of an Early Resort to the Operation, the Taxis failing.*—Dr. H. J. BIGELOW reported the case, which had

recently occurred. A lady, 66 years of age, for many years the subject of crural hernia of the right side, which she had been able to reduce herself, got it strangulated; the hernial tumour came down at 8 o'clock A. M., and pain commenced at 11 o'clock A. M. Taxis ineffectual, even in the etherized state. The operation, at 7 P. M., discovered a tense, strongly girt, maroon-coloured loop of intestine, which was reduced; the pulse, that night, 96; next morning, 84. Bowels open, *naturally*, the night of the operation, and since. There was no vomiting. Dr. B. remarked the advantage of an early resort to the operation in cases of strangulation, when taxis, once fairly tried, is ineffectual.

*December 8.—Croup.—Compound Tincture of Chloroform as a Remedy.*—Dr. STRONG was consulted, late on Sunday evening, in reference to a case of alleged croup. The parents had been familiar with the disease. After inquiring respecting the symptoms, it was thought best to send directions for the treatment, with the understanding that it should be tried, and if without any relief, Dr. S. was to be summoned in the night—otherwise to visit next morning. The child is about two years old. The prescription for the night was *hydrargyri subsulphatis* ℥ss; *pulvis ipecacuanhe* ℥j; *pulvis ipecac.* et *opii* gr. vj; *misc* et *div.* in chart. no. vj; one powder to be given every fifteen minutes until free vomiting was induced; the feet to be first placed in warm water; and in case of no relief, or if there should be a temporary relief, and then a return of symptoms, the same to be repeated after an interval of two hours. Dr. S. saw the child the next forenoon, and learned that the emetic had been taken, with some temporary relief; the child, at his visit, had quick, laborious breathing, with a croupy cough, aggravated from time to time, and the peculiar, dry, sonorous character of the respiration incident to the worst forms of croup; the countenance, at times, livid. The throat, carefully examined by sunlight, showed white lymph upon both tonsils and over the fauces. Having treated other cases like this without avail, Dr. S. was strongly impressed with the idea that the child would die, and so expressed himself. A cathartic was prescribed, the bowels being confined; and compound tincture of chloroform was freely applied, by cloths saturated with it, to the neck, and the fauces and tonsils were wetted with it by means of a linen "swab." The cloths were re-moistened, and applied as soon as they became dry; and this was persevered in through the day, the applications and swabbing being attended to perhaps as often as once an hour. At a visit made that evening, the same treatment was directed for the ensuing night, with the addition of a grain of Dover's powder, which was to be repeated every two to four hours, as the symptoms were, or were not, urgent.

Next morning the child was better; there had been no attacks of severe dyspnoea; and there were intervals when the breathing was nearly natural. The same treatment was still continued; the application to the throat to be made at longer intervals: in the evening of this day all the croupy symptoms were gone, and the child recovered rapidly. Auscultation detected evidences of bronchitis.

The compound tincture of chloroform has been used by Dr. S. in incipient inflammations—as in *bubo*, in inflamed glands of the neck, *paronychia*, and deep-seated inflammation of the hand; also, in inflamed and ulcerated gums; and, so far, with most marked advantage.

Dr. HENRY J. BIGELOW asked whether the emetic medicine or the tincture should be considered the curative agent?

Dr. Strong replied that the emetic caused only a temporary alleviation of

the symptoms; he added, that the tincture was used of the full strength; it contains some tannin.

Dr. DURKEE inquired if Dr. S. would apply the tincture to the *affected parts* in cases of "sore mouth?"

Dr. S. applied affirmatively.

*December 8.—Chronic Bronchitis—Dilatation of the Bronchi.*—Dr. BOWDITCH reported the following case: A girl of 13 years, stout, plump, and generally in good health, but liable to a cough with purulent expectoration, from the age of three years, was the subject. This cough followed a mild attack of measles, and had been constant ever since, save for a few weeks while the patient was residing in Maryland. During all the time that she remained there (several months) she had less cough than when at the North; but it never wholly left her, except as named above.

At times she had been a great sufferer, and had been confined to the house with aggravation of symptoms, some febrile exacerbation, and more cough, and expectoration of a half pint or more of purulent mucus, daily. On entrance at the Mass. Gen. Hospital, she was raising this amount, uniformly opaque, and raised with the utmost freedom. A slight effort only was required to enable her to expectorate. Her functions, generally, were well performed, and she was able to sit up and move about, without much apparent difficulty. On percussion, less resonance over whole of left back than in the normal state. Tubular respiration and great resonance of voice in the same region. Similar resonance and tubular respiration at the middle of the back, extending somewhat towards the apex of the lung. On inspection, the left scapula was nearer to the vertebra than the right one, and its lower angle was lower, but in no other respect was there any difference between the two sides.

Dr. B. regarded the case as one of dilated bronchi, and not of phthisis, as had been supposed before patient's entrance at the Hospital. The length of time the cough had lasted, the extensive tubular respiration, with little or no alteration of the health, were his reasons for this opinion.

*December 8.—Medical Jurisprudence, &c.*—Dr. STORER asked the indulgence of the Society for a few moments, while he referred to a subject of a personal nature. He observed: "A few months since, I had the honour to address the Massachusetts Medical Society upon the subject of Medical Jurisprudence. While dwelling upon the responsibilities of the physician when compelled to be present in a court of justice, I made the following remarks: 'The most painful duty a medical man is called upon to perform in a court of law, if the ends of justice absolutely require it, is to divulge the secrets of his patients, reposed in him in the course of professional confidence. However great may be the struggle within him—however willing and ready he may feel to make almost any sacrifice, save that of his integrity, to keep forever locked in his bosom what was sacredly deposited there, the laws of his country are paramount to all other bonds.' And after adducing Lord Mansfield's charge to Mr. Hawkins, in the trial of the Duchess of Kingston, I continued: 'Thus there is no appeal. Those facts must be stated which are necessary to further the ends of justice. The greatest caution should be used, however, to prevent anything being made public, that can be suppressed, which can wound the feelings or injure the reputation of a patient. Even the members of the bar look with pity and contempt upon the medical witness who voluntarily exposes any professional confidence.'

"For such opinions, a writer in the last number of the *Charleston Medical*

*Journal* has taken umbrage, and seen fit to write me quite a homily upon the subject, as follows: 'We regret exceedingly that we are forced to take exception to, and enter a protest against, the views expressed by Dr. Storer, in reference to the alleged obligation of the physician to reveal secrets that are intrusted to his professional safeguard. For the honour of the profession, we trust that Dr. Storer's opinions have received the concurrence of no one; for, if practically adopted, they would soon bring our noble, our divine calling, into merited disrespect and obloquy.' And again: 'Admitting that the laws of some, if not all countries, make it compulsory on physicians to divulge all secrets which come to their knowledge, we maintain that the binding force of the *moral*, to preserve them, far transcends that of the *legal*, obligation to reveal them; and let it not be said that this is a practical application of the political 'higher law' doctrine, at present held by a few fanatics in the United States, for there is not the slightest similitude of the one to the other.'

"Had these remarks emanated from any other source, I might have felt called upon to repel with contempt the insinuation, even, that I would at any time express an opinion, which, 'if practically adopted, would soon bring our divine calling into merited disrespect and obloquy.' But I have not the heart to cherish an unkind feeling—I will not allow myself to make a remark which can be so construed, towards any member of our profession in that city, where your delegates were lately received with the most unbounded kindness and hospitality, and the remembrance of whom awakens in my bosom the most grateful associations.

"I would merely observe that, in a conversation with Professor Greenleaf upon the accuracy of my remarks, he assured me that I was perfectly correct, that the ground I assumed was the right ground—and, at the same time, stated that he had devoted but a *single line* to the subject in the last edition of his *Law of Evidence* (vol. i., p. 316, section 248), because, to use his words, he considered it as 'settled law.'

"To my reviewer I would reiterate my assertion, that I know no higher law than the law of the land—it is supreme."

*December 22.—Gouty Deposit.*—Dr. JACKSON showed the specimens, taken from a man who had been much subject to gout, and who had died recently at the Hospital, of Bright's disease. Both great toe joints, and the metatarso-cuneiform look as if a fine white powder had been sprinkled over the free synovial surface. There was also immediately beneath the skin, over one of the great toe joints, a white pasty deposit, in a sort of cavity about one and a half lines in diameter, with a trace of the same deposit in the neighbouring cellular tissue. The other joints were not examined. The deposit was examined by Dr. John Bacon, Jun., who found it to consist of the urate of soda, with a little chloride of sodium and phosphate of lime, and a considerable proportion of animal matter. Microscopically, it had a granular appearance, but contained no distinct crystals. Dr. J. remarked upon this as being the first case in which he had seen this deposit.

*December 22.—Croup Fatal on the Fourteenth Day, and after the Expectoration of the Membrane.*—Dr. JACKSON exhibited the specimen, and reported the case, which occurred in the practice of Dr. Weld, of Roxbury. The patient was a little girl, six and a half years old, and had, from the first, aphonia, ringing cough, hoarse breathing, and fever. On Thursday, which was the fourth day of the disease, the throat was examined for the first time, and lymph was seen. On Friday the child began to expectorate the membrane, and con-



tinned to do so almost daily until the following Tuesday; a tubular portion, about one and a half inches in length, and apparently from the trachea, being at one time thrown off. A solution of the nitrate of silver was applied freely to the fauces.—The examination was made yesterday by Dr. J., who found ulceration of the tonsils, with traces of lymph, in the larynx and fauces, only. Throughout the trachea, the mucous membrane was of a deep red colour, and had the appearance of erosion and thickening, somewhat as in the case of granular conjunctivitis; several of the bronchi were similarly, though less affected, most of them being unchanged; nothing of the kind was observed in the larynx or fauces. So far as the inflammation extended, the membrane was smeared over pretty thickly with a thin, reddish, dirty-looking pus; the secretion in the bronchia being generally puriform and not coloured, and there being nowhere any of the transparent, viscid secretion usually seen in croup.

Dr. C. E. Ware remarked, in connection with a case of croup which he reported at the last meeting of the Society, that he did not consider the brazen ringing cough as characteristic of the membranous form of the disease. The observation was confirmed by Dr. Jackson, who thought it rather a favourable sign than otherwise, and as indicative of a spasmodic state of the parts; the vocal cords being, as it would seem, in a less favourable state for the production of the sound in question, when covered with lymph.

*December 22.—Okl and extensive Osseous Disease—Contraction of numerous Muscles and Tendons—Division of these and Amputation of the Leg.*—Dr. PARKMAN presented the bones of the ankle, and gave the following history. A man, aged forty-five, came under his care at the Hospital, having been bed-ridden a number of years, presenting the following appearances. The thighs were flexed at a right angle upon the trunk, and extension rendered impossible from contraction of the sartorius, rectus, and tensor vaginae femoris muscles of either side: the legs were also bent on the thighs at a right angle, and extension was impossible on the right side from bony ankylosis, consequent upon old disease of the joint, many pieces of bone having been discharged in past years from openings, the scars of which were still evident; on the left side, extension was equally impossible, from contraction of the ham-string muscles. The bones of the right ankle-joint were extensively carious, as shown by a probe admitted through numerous fistulous openings. Over the superior posterior spine of the left ilium there was a fistulous opening, and the probe detected a movable sequestrum, of the size of a large bullet.

Within the space of three months, at several operations, the contracted tendons and muscles were all divided, the thighs made straight upon the body and the left leg upon the thigh, the sequestrum from the back removed, and the right leg amputated. The patient was discharged very much improved in his general health, from the removal of such causes of irritation, and his limbs were in such a situation as to furnish a hope of their future usefulness.

The bones of the ankle from the amputated leg present a fine specimen of old caries, the result of tubercular deposit, and are preserved in the Society's cabinet.

*December 22.—Scirrhus Tumour.*—Dr. MINOR exhibited the specimen, which was of about the size of a large chestnut. The patient was a woman of eighty years, whose right breast had been removed by Dr. J. M. Warren, for carcinomatous tumour, four years ago. Since that time she had no symptom of return of the disease, until about a year ago, when she perceived a small, hard lump in the cicatrix left by the operation. It was, at times, quite

painful, and continued to increase slowly in size, until its removal, on the 20th of December.

Dr. Warren remarked that the case was an interesting one, on account of the age of the patient and the great length of time during which the disease had existed, without producing any apparent general effect upon the system. He removed the breast in October, 1847, at the Massachusetts General Hospital, at which time the patient gave the following account of her case. That she had always enjoyed good health, with the exception of the present disease; when quite young, a "boil" formed near the nipple of the right breast, which, after discharging, left a permanent induration at the spot. This induration gradually increased, and had troubled her more or less for the last *twenty* years. At the time of the operation, the whole breast seemed involved in the disease, the nipple was retracted and a bloody serum issued from it. The edges of the wound were brought into apposition after the operation, and healed without any untoward symptom.

Dr. Warren mentioned another instance of recurrence of cancerous disease, lately observed by him in a woman of sixty-five years. Eleven years ago he was called to the patient, who had been tampered with by a "cancer doctor." Dr. W. removed the tumour then existing, together with some indurated axillary glands. For ten years she was perfectly well. Dr. W. then had occasion to remove a small mass from the cicatrix. Milk remained in this breast for three years after nursing her last child, and there was none in the other breast. Habitual obstinate constipation, even to the extent of sixteen days without an evacuation of the bowels, accompanied by nausea, afflicted the patient.

*Dec. 22.—Molten Lead poured into the Ear with Murderous Intent.*—Reported by Dr. ALLEY: the patient being at New Orleans, in the Charity Hospital, under the care of Dr. WEDERSTRANDT. A man, after a fit of intoxication from whiskey, awoke up with an uneasy sensation about his head and right ear. On examination by his physician, it was found that a quantity of melted lead had been poured into his ear while he was in a state of insensibility; it occupied the meatus externus, and how far inward it had extended it was difficult to determine. The lead was so firmly imbedded, however, that it was proof against extraction by the most skilful efforts. The man did not complain of excruciating pain, but was anxious about the final result. The opinion expressed at the time was that there was no immediate danger to the man's life, but apprehensions were entertained that inflammation would be lighted up by the presence of the lead in the surrounding structures, which, if propagated to the brain, would, without doubt, be productive of serious results. The opinion rested in part on the invaluable observations of Abercrombie and Watson, both of whom dwell particularly on the danger and frequency of inflammation of the brain and its membranes supervening on otorrhœa and caries of the bones of the ear. Bearing in mind the anatomy of the ear and the thickness of the petrous portion of the temporal bone, and also the rapidity with which lead cools, and the difficulty of causing it to run through small openings, no danger was apprehended of its coming into immediate contact with the brain by taking the course of any foramina of the internal ear. The man remained a week or two in the Hospital, and all he complained of, during that time, was deafness in the ear affected, with obtuse pain and palsy of that side of the face, the result of injury of the portio-dura of the seventh pair of nerves.

He finally left the Hospital, and resumed his occupation as a labourer on the wharf, and came occasionally during several months to visit his physician,

the lead always remaining firmly fixed in his ear, accompanied with a profuse purulent discharge. It was supposed that suppuration would in time be established, whereby the lead would be loosened, like any other foreign substance, and be expelled from its situation. About three weeks since he returned to the Hospital, the lead still in his ear, although seventeen months have elapsed since the accident.

*Feb. 9.*—A letter from the house-surgeon, Dr. W., under date of January 26th, represents that the man called at the Hospital early in January to obtain medical advice. He was nearly in the same state as at the last report, able to follow his occupation as a daily labourer. The paralysis of the right side of the face, the pain on that side, the discharge from the ear, were the same—but there was a difficulty in closing the eyelid on the palsied side, which caused a profuse lachrymation. The lead could be distinctly felt, and was as firmly impacted as ever. A fungous growth occupied the meatus externus. Dr. W. justly remarks, that considering the length of time which has elapsed since the accident, it is remarkable that the lead should not have been loosened, or that inflammation of the membranes of the brain should not have been occasioned by the presence of a foreign body, which was only separated from them by the petrous portion of the temporal bone.

*Dec. 22.*—*Sudden Disappearance of a Tumour in the Breast.*—A woman applied to Dr. CHAS. E. WARE in the seventh month of pregnancy. She had a tumour in the right breast, which she had first observed about two years before; it was then about the size of a hazelnut. As it gave her no inconvenience, she paid no attention to it. About six weeks before she applied to Dr. Ware, she noticed that it was increasing, and she began to experience sharp lancinating pains in it.

When Dr. Ware saw it, it appeared to be about half the size of a pigeon's egg, situated in the right breast, about an inch and a half from the nipple, towards the axilla. It was pretty well defined, and not tender on quite rough handling. There was a blush of red on the skin over it; but that, the woman said, had come on that morning, and was owing to the pressure of her dress. She was too large and fleshy to enable one to decide whether the tumour was in the gland or over it. The skin did not move very freely over it, although it did not appear to be involved in the disease. The glands in the axilla were not in the least degree swollen or tender.

Considering the uncertainty of its nature, the objections which there would be to removing it during lactation, should it be found necessary or expedient, the danger of delay if it should be malignant, and its apparently isolated character, she was advised to have it removed. She hesitated about the operation, and in about three weeks the tumour had entirely disappeared without treatment.

Dr. Ware also alluded to a case which he had reported to the Society some years since, of a small tumour of the side, which had existed for about twelve months, and which was increasing in size. The woman, however, preferred the advice of a mesmerist, who recommended her to touch it with her own saliva daily. She got rid of the tumour in about a fortnight. Probably the active condition of the tumour which induced the patient to apply for advice, was the cause, in both instances, of its removal.